

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 11

FILED AUG 6 1963

VS 300
Rev. 4/59

1 0680
2 8150
3
4 0
5 1
6
7 0
8 2
9 X
10
11 068
12 91-3
13 20

DATE AMENDED
8-20-63
8-20-63
8-20-63

INSTEAD OF
Hattie
West Plains Mo
West Plains Mo

DOCUMENT

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY WYANDOTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) FORTUNA		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) M-S FORTUNA, MO.		d. STREET ADDRESS (If outside, give location) 1428 N. 29th	
3. NAME OF DECEASED (Type or print) Paul E Decker		4. DATE OF DEATH Month July Day 27 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/3/1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Adjuster		10b. KIND OF BUSINESS OR INDUSTRY H.S. Envelope Co.	
11a. FATHER'S NAME Fred Decker		11b. MOTHER'S MAIDEN NAME Hattie Baughman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. Personal Papers	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple chest and heart DUE TO (b) injury DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ran off road and hit motor train	
20c. TIME OF INJURY Hour 8:10 p.m. Month, Day, Year July 27, 1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 5		20f. CITY, TOWN, OR LOCATION Fortuna	
21. I attended the deceased from death when first seen and last saw him alive on 8:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 7-28-63	
22a. SIGNATURE Karmon Latham M.D.		22b. ADDRESS California, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug. 30, 1963	23c. NAME OF CEMETERY, OR CREMATORY West Plains Cemetery	23d. LOCATION (City, town, or county) West Plains, Mo.
24. FUNERAL DIRECTOR Fulton Funeral Home		25. DATE RECD. BY LOCAL REG. 3, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

10a. 13 Machine Adjuster - Otter
14-23c Carolyn J. Decker Monmouth Mo
23d - Bradenville Mo

BY AFFIDAVIT OF INFORMANT

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1963

AUG 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Scumie

Licensed Embalmer No. 4880

P. O. Address Therrell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.